

FOR STUDENT AND PARENTS

I _____ (PRINT name of student's parent) as the parent of
_____ (PRINT name of student) will appoint legal guardianship to
Excella Education (its officers and employees) & _____ (PRINT name of
the host family).

I, on behalf of myself and my child, acknowledge that the legal guardian named above will act as a
legal guardian until the student named above reaches the legal age of eighteen (18) years of age.

Student's Signature

Date (mm/dd/yyyy)

Parent's Signature

Date (mm/dd/yyyy)

FOR LEGAL GUARDIAN

In the capacity of a legal guardian, I _____ (PRINT name of assigned legal
guardian) will be responsible for the actions of the student named above. In the event of an
emergency, I can be reached at _____
(LIST all telephone numbers with area codes where guardian can be reached).

Signature of Legal Guardian

Date (mm/dd/yyyy)